Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
Important Numbers	3			Regional Programs telephone and fax numbers have been updated.
Health Care Facility Codes	5, 14		Calvert Memorial Hospital	CalvertHealth Medical Center
Health Care Facility Codes	6	Code 239	Frederick Memorial Hospital (Base Station, Cardiac Interventional, Perinatal)	Frederick Memorial Hospital (Base Station, Cardiac Interventional, Perinatal, Primary Stroke)
Health Care Facility Codes	6	Code 297	Easton (UMSRH) (Base Station, Primary Stroke)	Easton (UMSRH) (Base Station, Primary Stroke, Cardiac Interventional)
Health Care Facility Codes	7	Code 352	Laurel Regional Hospital	Laurel Regional Hospital (Base Station) (NEW '18)
Health Care Facility Codes	7	Code 360	Southern Chester County Medical Center, PA (pg. 10)	Now known as Jennersville Regional Hospital (moved to page 7)
Health Care Facility Codes	10	Code 360	Southern Chester County Medical Center, PA (pg. 10)	Now known as Jennersville Regional Hospital (moved to page 7)
Maryland Trauma and Specialty Referral Centers	15			Added Shore Medical Center at Easton (UM) to Cardiac Interventional list
General Patient Care	30	4.a)(3)	Patients greater than 13 years of age, refer to the Universal Algorithm for Adult Emergency Cardiac Care for BLS.	Patients 13 years of age or greater, refer to the Universal Algorithm for Adult Emergency Cardiac Care for BLS.
General Patient Care	31	5.b)(2)(e)	Distracting Injury	Added definition of distracting injury.
General Patient Care	35	E. 3.	Added instructions	Providers should obtain and document a contact telephone number for one or more individuals who have details about the patient's medical history so that the physician may obtain and validate additional patient information.
Altered Mental Status: Seizures	43 through 45	3. Treatment		Entire treatment section reformatted. No changes to patient care (except pg. 44, letter k (see below)).
Altered Mental Status: Seizures	44	k	The paramedic may assist patients with the administration of their prescribed benzodiazepine	ALS providers may assist patients with the administration of their prescribed benzodiazepine
Cardiac Emergencies: Cardiac Guidelines	51	Entire protocol		Complete revision
Universal Algorithm for Adult Emergency Cardiac Care	53			Revised to meet current protocol
Cardiac Emergencies: Bradycardia	56 through 58			Added 4. Continue General Patient Care to pg. 56; renumbered algorithms. No changes made to patient care.
Pediatric Bradycardia Algorithm	58	(e)	Medical Consult required for administration of calcium chloride	Medical consultation requirement has been removed. This change also applies to all instances where medical consultation appears for calcium chloride administration in the protocol document, specifically on pages 61, 64, 65, 66, 87, 88, 119, 120, 211, 216, and 231.
Adult Tachycardia Algorithm	61	c) through g)	c) - Consider calcium chloride 500 mg IVP for hypotension induced by diltiazem. If rate does not slow in 15 minutes, administer a second dose of diltiazem (15–25 mg over 2 minutes). Medical consultation required.	c) - Consider calcium chloride 500 mg IVP for hypotension induced by diltiazem. d) - If rate does not slow in 15 minutes, administer a second dose of diltiazem (15–25 mg over 2 minutes). Medical consultation required. Remaining instructions were renumbered.
Cardiac Emergencies: Cardiac Arrest	63	Entire protocol		Numerous revisions
Adult Asystole Algorithm	64		Intubate 0_2 (90%-100%)	Assure Adequate Ventilation

Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
Pediatric Cardiac Arrest Algorithm	65		Begin CPR Attach monitor	Begin CPR Assure Adequate Ventilation Attach monitor
Adult Pulseless Electrical Activity	66		Intubate	Assure Adequate Ventilation
Ventricular Fibrillation Pulseless Ventricular Tachycardia	67		Perform CPR until defibrillator is attached	Perform CPR and assure adequate ventilation
Ventricular Fibrillation Pulseless Ventricular Tachycardia	67		Intubate	Removed
Return of Spontaneous Circulation (ROSC)	68-69			Numerous revisions
Termination of Resuscitation (Medical and Traumatic)	70 through 72	Entire protocol		Numerous revisions, including the algorithm
EMS DNR/MOLST	74 through 77, 80, 83			Removed all references to the EMS/DNR program booklet
Environmental Emergencies: Heat-Related Emergencies	102	2.a)	Heat Cramps: Moist, cool skin temperature, cramps, normal to slightly elevated temperature	Heat Cramps: Moist, cool skin, cramps, normal to slightly elevated temperature
Overdose/Poisoning: Carbon Monoxide/Smoke Inhalation	115-2	o) (2) (d)-(j)	o) (2)	Outline reformatted to o) (2). No changes made to patient care.
Overdose/Poisoning: Ingestion	118-120			Reformatted. Changes in naloxone dosing (see spreadsheet pgs. 3-4)
Excited Delirium Syndrome	127 through 128		Multiple Alerts	In all instances, "benzodiazepines" replaced with "medication."
Excited Delirium Syndrome	128 through 129	3. d)-m)	Multiple lines	Revision of adult and pediatric ALS treatment
Pain Management	131	e)(1)(b)		Removed the word "opioid"
Pain Management	132	(3) (b) (c) (e) and (f)		Ketamine added. IO route of administration added for fentanyl.
Pain Management	133	4. through 6.	Use opioid analgesia with caution in the management of patients with altered mental status.	Reformatted. Transport removed. Removed the word "opioid" from 2nd alert, third paragraph: Use analgesia with caution in the management of patients with altered mental status. Added Continue General Patient Care.
Allergic Reaction	135	f), h), and i)	Greater than 5 years of age: 0.5 mg in 0.5 mL IM	5 years of age of greater: 0.5 mg in 0.5 mL IM
Anaphylaxis	137	d)(1)	0.3 mg IM in the lateral thigh via epinephrine auto-injector or epinephrine (1:1,000) 0.5 mg in 0.5 mL IM	Epinephrine (1:1,000) 0.5 mg in 0.5 mL IM
Asthma/COPD	139	3. j. and k.		Removed the word "OR" between instructions in j) and k)
Asthma/COPD	140	3. u) and v)		Changed the order of instructions by switching verbiage in u) and v). No changes made to patient care.
Sepsis: Adult	148	h)		Reformatted and added letter h). No changes made to patient care.
Stroke: Neurological Emergencies	152	3. b)	Added instructions	Providers should obtain and document a contact telephone number for one or more individuals who have details about the patient’s medical history so that the physician may obtain and validate additional patient information.

Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
Stroke: Neurological Emergencies	153	3. j)	Added instructions	Providers should obtain and document a contact telephone number for one or more individuals who have details about the patient's medical history so that the physician may obtain and validate additional patient information.
Stroke: Neurological Emergencies	152 through 155	Algorithm		Algorithm moved to end of protocol
Stroke: Neurological Emergencies	152 through 155	ALERT	Designated Stroke Center	Designated Acute Stroke Ready, Primary, or Comprehensive Stroke Center
Trauma Protocol: Hand/Upper/Lower Extremity Trauma	162	3.d) and 3.i)	Administer opioid per Pain Management Protocol.	Replaced the word "opioid" with "analgesia": Administer analgesia per Pain Management Protocol.
Trauma Protocol: Spinal Protection	167	2. Presentation	"Spinal Protection" (1) Midline spinal pain, tenderness, or deformity (3) Focal neurological deficit	a) "Full Spinal Protection" c)(1)(a) Midline cervical, thoracic, or lumbar spinal pain, tenderness, or deformity c)(1)(c) Focal neurological deficit (sensory or motor) Entire section also reformatted; no other changes to patient care
Trauma Protocol: Spinal Protection Algorithm	171-1			New Algorithm
Trauma Protocol: Trauma Arrest	172 through 173	Entire protocol		Complete revision
Appendices: Glossary	175	Alternative Airway Device	An airway adjunct other than an endotracheal tube that may include dual lumen airways (e.g., EasyTube®) or the laryngeal tube airway device (e.g., King LTS-D™)	An airway adjunct other than an endotracheal tube that may include the laryngeal tube airway device (e.g., King LTS-D™) or laryngeal mask airway with design to facilitate hospital endotracheal intubation
Procedures, Medical Devices and Medications	182	Intranasal		Changed from OSP to SO for EMR
Procedures, Medical Devices and Medications	182	Alternative Airway Device	EasyTube®	King Airway®
Procedures, Medical Devices and Medications	182		Laryngeal Tube Airway (King LTS-D™)	Laryngeal Mask Airway Device
Procedures, Medical Devices and Medications	183		Monitors	Apnea Monitors Fixed a formatting error. No changes made to patient care.
Procedures, Medical Devices and Medications	184	Calcium Chloride (10% Solution)	CRT-I (MC) PM (MC)	CRT-I (SO) PM (SO)
Procedures, Medical Devices and Medications	184	Naloxone	EMR (OSP)	EMR (SO)
BLS Pharmacology: Naloxone (Narcan) Public Safety	193		Public Safety	Public Safety and EMR

Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
BLS Pharmacology: Naloxone (Narcan) Public Safety	193	g) (1)-(2)	(1) Adult: Administer 2 mg IN. Divide administration of the dose equally between the nares to a maximum of 1 mL per nare. (2) Pediatric: (a) Child 5 years of age to adult: Administer 2 mg IN. Divide administration of the dose equally between the nares to a maximum of 1 mL per nare. (b) Child 28 days of age to 4 years of age: Administer 0.8–1 mg IN. Divide administration of the dose equally between the nares to a maximum of 1 mL per nare.	(1) Adult: Administer 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, OR administer 4 mg/0.1 mL IN in one nare. (2) Pediatric (child aged 28 days to adult): Administer 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, OR administer 4 mg/0.1 mL IN in one nare. This new dosing regimen appears in multiple places throughout the protocols, specifically on pages 46, 47, 116, 117, 118, 119, 123, 124, 374, 375, 376, 377, and 378.
ALS Pharmacology: Dextrose	213 through 214	g) (2) (b)	Patients 28 days or greater up to the 18th birthday - if blood glucose is less than 70 mg/dL, administer 2–4 mL/kg of 25% dextrose IV/IO to a maximum of 25 grams. D25W is prepared by mixing one part of D50W with an equal volume of LR.	(b) Patients 28 days up to 4 years - if blood glucose is less than 70 mg/dL, administer 2–4 mL/kg of 10% dextrose IV/IO to a maximum of 25 grams. Recheck glucose after first dose. If blood glucose is less than 70 mg/dL, obtain medical consultation to administer second dose of D10W. (i) If unable to start IV and blood glucose is less than 70 mg/dL, administer 0.5 mg glucagon IM/IN. (ii) Medical consult for additional dosing to a maximum of 3 mg IM/IN (c) Patients 5 years up to patient's 18th birthday - if blood glucose is less than 70 mg/dL, administer 2–4 mL/kg of 10% dextrose IV/IO to a maximum of 25 grams. Recheck glucose after first dose. If blood glucose is less than 70 mg/dL, obtain medical consultation to administer second dose of D10W. (i) If unable to start IV and blood glucose is less than 70 mg/dL, administer 1 mg glucagon IM/IN. (ii) Medical consult for additional dosing to a maximum of 3 mg IM/IN
ALS Pharmacology: Epinephrine 1:10,000/1:1,000	220	c)		Added new indication: (6) Dopamine replacement indications for epinephrine drip
ALS Pharmacology: Epinephrine 1:10,000/1:1,000	221	g)(1)(a)(i)	Administer 1 mg (1:10,000) IVP every 3–5 minutes	Administer 1 mg (1:10,000) IVP/IO every 3–5 minutes
ALS Pharmacology: Epinephrine 1:10,000/1:1,000	221 to 222	g)		Added new dosing for dopamine replacement.
ALS Pharmacology: Fentanyl	223 through 224		IV/IN/IM	IO route of administration added for fentanyl
ALS Pharmacology: Haloperidol (Haldol)	226	d) (5)		Added: (5) Excited delirium
ALS Pharmacology: Ketamine	227-1 through 227-3			New Addition
ALS Pharmacology: Multiple pages	227-4 through 230			Re-numbered to accommodate Ketamine. No changes made to patient care.
ALS Pharmacology: Midazolam	234	g)(1)(c)		Added medical consult symbol. No changes made to patient care.
ALS Pharmacology: Midazolam	235	(5) Excited Delirium		Complete revision.
ALS Pharmacology: Morphine Sulfate	236	c) Indications		Added: (3) Pulmonary Edema/Congestive Heart Failure (Pediatric Only)

Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
ALS Pharmacology: Morphine Sulfate	237	g) Dosage		Added: (3) Pediatric Pulmonary Edema/CHF (a) 0.1 mg/kg SLOW IVP/IO/IM (1-2 mg/minute). Maximum dose 5 mg.
ALS Pharmacology: Naloxone (Narcan)	238		(1) Adult: Administer 0.4–2 mg IVP/IO (titrated)/IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1 mL per nare); repeat as necessary to maintain respiratory activity. (2) Pediatric: Administer 0.1 mg/kg IVP/IO (titrated)IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1 mL per nare), up to maximum initial dose of 2 mg; may be repeated as necessary to maintain respiratory activity. ET dose: 0.2–0.25 mg/kg	(1) Adult: Administer 0.4–2 mg IVP/IO (titrated)/IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1 mL per nare); OR administer 4 mg/0.1 mL IN in one nare. Repeat as necessary to maintain respiratory activity. (2) Pediatric: Administer 0.1 mg/kg IVP/IO (titrated)IM/IN (if delivery device is available, divide administration of the dose equally between the nares to a maximum of 1 mL per nare); OR administer 4 mg/0.1 mL IN in one nare. May be repeated as necessary to maintain respiratory activity. ET dose: 0.2–0.25 mg/kg This new dosing regimen appears in multiple places throughout the protocols, specifically on pages 46, 47, 116, 117, 118, 120, 123, and 124.
ALS Pharmacology: Multiple pages	239 through 246			Re-numbered to accommodate Ketamine. No changes made to patient care.
ALS Pharmacology: Verapamil	246 to 246-2			New medication for ALS providers
Airway Management: CPAP	252			Removed duplicate title. No changes made to patient care.
Airway Management: EasyTube	253		Latex-Free Dual Lumen Tube (e.g., EasyTube®)	Laryngeal Tube Airway Device (KING LTS-D™) Protocol replaced, including adding of another acceptable size of the device.
Airway Management: Nasotracheal Intubation	256	(3)	When hypovolemia is unlikely, morphine or midazolam, or a combination of both...	When hypovolemia is unlikely and hypotension is not present, morphine/fentanyl or midazolam, or a combination of both…
Airway Management: Needle Decompression Thoracostomy (NDT)	257	Purpose	Needle Decompression Thoracostomy is the procedure of introducing a needle/catheter (with flutter valve attached) into the pleural space of the chest to provide temporary relief for the patient suffering from a tension pneumothorax.	Needle Decompression Thoracostomy is the procedure of introducing a needle/catheter with a minimum length of 3.25 inches and a minimum diameter of 14 gauge (with add-on flutter valve attached) into the pleural space of the chest to provide temporary relief for the patient suffering from a tension pneumothorax.
Airway Management: Ventilatory Difficulty Secondary to Bucking or Combativeness in Intubated Patients	265	c) (1) c) (5)		Medical consultation requirement has been removed for midazolam administration in adult and pediatric sections. Pediatric section has been renumbered (no further changes to patient care).
Glucometer Protocol	279	c)(1)(b)	If unable to initiate an IV and blood glucose is less than 70 mg/dL, administer glucagon 1 mL IM/IN.	If unable to initiate an IV and blood glucose is less than 70 mg/dL, administer glucagon 1 mg IM/IN.
Glucometer Protocol	280		Patients 28 days or greater up to the 18th birthday - if blood glucose is less than 70 mg/dL, administer 2–4 mL/kg of 25% dextrose IV/IO to a maximum of 25 grams. D25W is prepared by mixing one part of D50W with an equal volume of LR. Recheck glucose after first dose. If blood glucose is less than 70 mg/dL, obtain medical consultation to administer second dose of D25W.	Patients 28 days or greater up to the 18th birthday - if blood glucose is less than 70 mg/dL, administer 2–4 mL/kg of 10% dextrose IV/IO to a maximum of 25 grams. Recheck glucose after first dose. If blood glucose is less than 70 mg/dL, obtain medical consultation to administer second dose of D10W.
Procedures: High Performance CPR	281 through 284-1	Entire protocol		Numerous revisions, including new algorithm.
Procedures: Intraosseous Infusion	285	Title		Fixed formatting in the title. No changes to patient care.

Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
Procedures: Emerging Infectious Disease	320	Title		Fixed formatting in the title. No changes to patient care.
Pilot Protocol: Adult and Pediatric RSI	328, 335, 336	Etomidate dosing	Etomidate, if available, will be the preferred agent for patients who are aware of their surroundings and do not have hypotension or possible hypovolemia. Dose: Administer 0.3 mg/kg IVP over 30–60 seconds. May repeat 0.15 mg/kg IVP in 2–3 minutes if inadequate sedation.	Etomidate, if available, will be the preferred agent for patients who are aware of their surroundings and do not have hypotension or possible hypovolemia. Dose: Administer 0.3 mg/kg IVP over 30–60 seconds. If the patient is hypotensive or provider suspects hypovolemia, the initial dose will be 0.15 mg/kg IVP over 30–60 seconds. May repeat 0.15 mg/kg IVP in 2–3 minutes if inadequate sedation.
Pilot Protocol: Adult RSI	328 through 329	f) (5)	Insert an approved alternative airway device (refer Alternative Airway Device Protocol).	Insert an approved alternative airway device (refer to Laryngeal Mask Airway Optional Supplemental Program or Laryngeal Tube Airway Device procedure).
Pilot Protocol: Adult RSI	329	Etomidate dosing for Ventilatory Difficulty Secondary to Bucking or Combativeness in Intubated Patients	Etomidate, if available, will be the preferred agent for patients who are aware of their surroundings and do not have hypotension or possible hypovolemia. Dose: Administer 0.3 mg/kg IVP over 30–60 seconds. May repeat 0.15 mg/kg IVP every 15 minutes to a total of three doses.	Etomidate, if available, will be the preferred agent for patients who are aware of their surroundings and do not have hypotension or possible hypovolemia. Dose: Administer 0.3 mg/kg IVP over 30–60 seconds. If the provider suspects hypovolemia, the initial dose will be 0.15 mg/kg IVP over 30–60 seconds. May repeat 0.15 mg/kg IVP every 15 minutes to a total of three doses.
Pilot Protocol: Adult RSI	330	c) (1) Midazolam		Additional doses require medical consultation.
Pilot Protocol: Pediatric RSI	336 through 338	f) (4)-(5)	(4) If unsuccessful, resume BVM ventilation.	(4) If unsuccessful, resume BVM ventilation for 30 seconds. (5) Insert a laryngeal mask airway designed to facilitate hospital placement of an endotracheal tube (see Laryngeal Mask Airway Optional Supplemental Program).
Pilot Protocol: RSI Pharmacology	340	g) (1)	(1) Adult: Administer 0.3 mg/kg IVP over 30–60 seconds. If the provider suspects hypovolemia, the initial dose will be 0.15 mg/kg IVP over 30–60 seconds. May repeat 10 mg for adult IVP after succinylcholine effects resolve and patient is bucking or combative. May repeat 10 mg for adult IVP every 15 minutes to a total of three doses.	(1) Adult: Administer 0.3 mg/kg IVP over 30–60 seconds. If the provider suspects hypovolemia, the initial dose will be 0.15 mg/kg IVP over 30–60 seconds. Ventilatory Difficulty Secondary to Bucking or Combativeness in Intubated Patients: Administer 0.3 mg/kg IVP over 30–60 seconds. If the provider suspects hypovolemia, the initial dose will be 0.15 mg/kg IVP over 30–60 seconds. May repeat 0.15 mg/kg IVP every 15 minutes to a total of three doses.
Pilot Program: Tactical EMS	345 through 345-20	Entire protocol		Complete revision and moved from Jurisdictional Optional Protocols
Pilot Protocol: Pelvic Binder Device	348 through 349	Entire protocol	Pilot Protocol	Moved to Optional Supplemental Programs
Pilot Protocol: Transport to Freestanding Emergency Medical Facility at Bulle Rock (Base Station)	348	Entire protocol		New Protocol

Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
Pilot Protocol: Airway Management: Video Laryngoscopy	353		2. INDICATION Video laryngoscopy and orotracheal intubation is indicated for patients who are 18 years or older. 3. CONTRAINDICATIONS Patients less than 18 years of age.	1. d) Appropriately-sized blade for the patient being intubated (New language) 2. INDICATION Video laryngoscopy and orotracheal intubation is indicated for patients who meet one or more of the following criteria and for whom appropriately-sized equipment is available: 3. CONTRAINDICATIONS Lack of an appropriately-sized laryngoscope blade for the patient being intubated.
Pilot Program: Stabilization Center	364	2. Presentation	...If the patient is not requesting evaluation for an emergency medical condition and substance use is suspected, proceed to the Stabilization Center Inclusion Checklist.	...If the patient is not requesting evaluation for an emergency medical condition and substance use is suspected, including suspected opioid patients who have improved with naloxone, patient must consent to be evaluated and transported to the Stabilization Center. Then the Paramedic must complete the Stabilization Inclusion Checklist.
Pilot Program: Stabilization Center	364			Added language: 5. If all answers are “NO” or medical consultation approves if a “YES” occurs, the patient shall be transported to the Stabilization Center.
Pilot Protocol: Alternative Destination Program	366 through 366-9	Entire protocol		Complete revision.
Pilot Protocol: "Leave Behind" Naloxone Program	366-10	Entire protocol		New Protocol
Optional Supplemental Program: Intranasal Naloxone for Commercial Service BLS Providers	373 through 378	Title	INTRANASAL NALOXONE FOR BLS PROVIDERS	INTRANASAL NALOXONE FOR COMMERCIAL SERVICE BLS PROVIDERS
Optional Supplemental Program: Intranasal Naloxone for Commercial Service BLS Providers	373		July 2014: Naloxone is required for Public Safety EMT and remains Optional Supplemental Program for EMR and BLS Commercial Services (initially implemented September ’13). (EMR AND COMMERCIAL EMT)	July 2018: Naloxone is required for Public Safety EMT and EMR (October '17) and remains Optional Supplemental Program for BLS Commercial Services (initially implemented September ’13). (COMMERCIAL EMT)
Optional Supplemental Program: Intranasal Naloxone for Commercial Service BLS Providers	378		July 2014: Naloxone is required for Public Safety EMT and remains Optional Supplemental Program for EMR and BLS Commercial Services (initially implemented September ’13).	July 2018: Naloxone is required for Public Safety EMT and EMR (October '17) and remains Optional Supplemental Program for BLS Commercial Services (initially implemented September ’13).
Optional Supplemental Program: Heparin Infusion for Interfacility Transport	380	7. a)	a) Adult: Administer a maximum of 18 units/kg per hour.	a) Adult: Administer a maximum of 18 units/kg per hour or 2,000 units per hour, whichever is higher.
Optional Supplemental Program: Laryngeal Tube Airway Device (King LTS-D)	381	Entire protocol		Moved to Procedures.

Summary of 2018 Protocol Changes				
PROTOCOL TITLE	**PAGE #**	**LINE #**	**ORIGINAL TEXT**	**NEW TEXT**
Optional Supplemental Program: Laryngeal Mask Airway with Design to Facilitate Hospital Endotracheal Intubation	381	Entire protocol		New Protocol.
Optional Supplemental Program: Specialty Care Paramedic	394	B. 4.	Laryngeal Mask Airway (LMA)	Laryngeal Mask Airway [Removed acronym LMA]
Optional Supplemental Program: Tactical EMS	395 through 411	Entire protocol		Complete revision and moved to Pilot Programs
Optional Supplemental Program: Mechanical CPR	395	Entire protocol		New protocol
Optional Supplemental Program: Pelvic Binder Device	397 through 398	Entire protocol		Moved from Pilot Protocols
Multiple protocols	413 through 417-2			Protocols re-lettered to accommodate Pelvic Binder Device. No changes made to patient care.
Optional Supplemental Program: Wilderness EMS	418 through 442	Entire protocol		Numerous revisions
Optional Supplemental Program: Maryland Vaccination & Testing Program	443			Protocol re-lettered to accommodate Pelvic Binder Device. No changes made to patient care.
Research Protocol: LAMS Stroke Protocol For Baltimore City Fire Department	450-1 through 450-3	Entire protocol		New research protocol
Research Protocol: Pediatric Destination Decision Tree	450-4 through 450-6	Entire protocol		New research protocol